

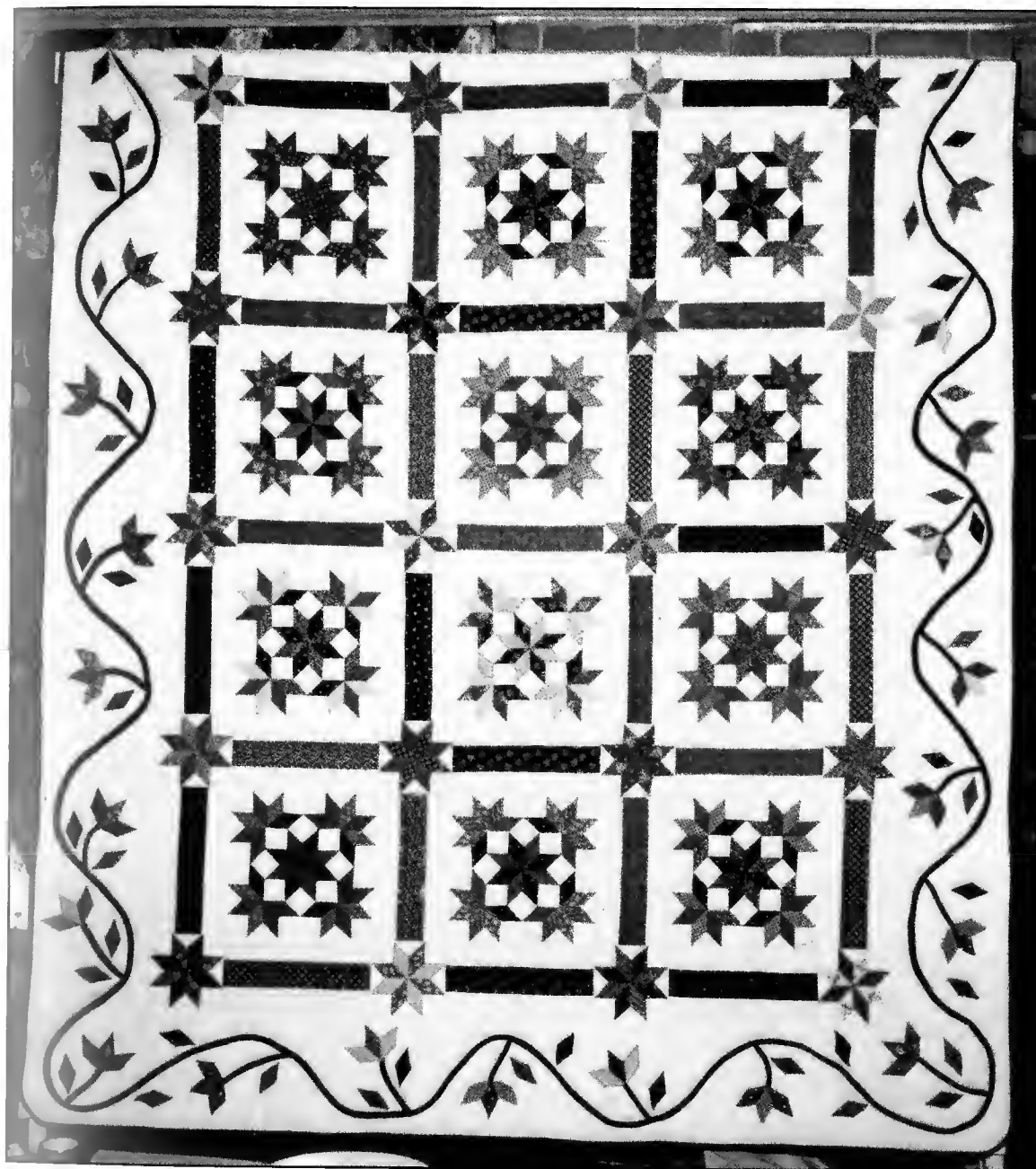
BULLETIN



Vol. 63, No. 1

Bulletin of The Mahoning County Medical Society

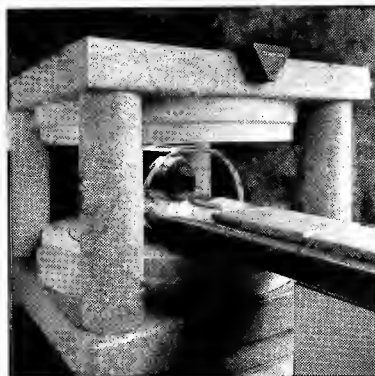
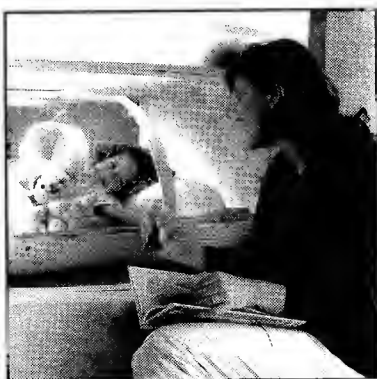
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BULLETIN

Mahoning County Medical Society

Volume 63 Jan./Feb. 1993 No. 1

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SOCIETY MEETINGS

January 19, 1993

March 26, 1993

May 18, 1993

September 21, 1993

November 16, 1993

December 21, 1993

The *Bulletin* is published six times a year by the Mahoning County Medical Society, 5104 Market Street, Youngstown, Ohio 44512.

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The *Bulletin* reserves the right to edit all contributions for clarity and length, as well as to reject any material submitted, including advertisements.

**medical
economics**
SEPTEMBER 1989

**DON'T YOU
WISH THESE
DEFENSE LAWYERS
WERE YOURS?**

By Howard Eisenberg

decreased the filing of many

discouraged the filing of many other cases. Plaintiff attorneys have learned that we're fair negotiators when our doctor's in the wrong, but won't

That approach pays off. "According to the most recent report I've seen from the General Accounting Office," says Larry Rogers, PIE president and CEO, "in 1984 about 57 percent of medical malpractice claims

Through 1988, we've closed an average of 78 percent of all cases without a flame change in hours. And it's my understanding that, without including defense costs, St. Paul Fire & Marine Insurance Co.'s 1988 average gross payout for cases closed in Ohio with payment was \$52,500. Our comparable figure was about \$10,000 before.

them. That's partly why we are an AIG specialist in Ohio—an industrial state that ranks among the most litigious—\$1.3 million in coverage for just \$28,400."

The ongoing marriage in PFE and JMT&K has been so successful that the carrier has expanded into five other states: Indiana, Kentucky, Maryland, Missouri, and West Virginia. Where PFE goes, there goes JMT&K with more branches.

Could the insurer defend the symbolist, if duplicated by other similar companies, on the significant contribution to dicing malpractice litigation nationwide? An up-close look

how IGT&K operates may help to answer that question.

Every lawyer develops

medical books than law books.

C. Oppenorth himself a veteran defense attorney, Robert M. Mard explained: "Now have a discussion at our weekly meeting so that every lawyer is familiar with every case. Then we assign cases to our attorneys."

They're well-versed in the field, so they don't have to invent the wheel with each case. Last year, the firm's specialist attorney Jerome Kalor, who had won 11 consecutive brain-damaged baby cases, one of his toughest juries when he listened

delivery that ended in a Cesarean section and a severely

brain-injured baby. Reilly told his wife, "I didn't think the doctor had caused the damage, but our position was weakened by the fact that he didn't have much experience." Reilly said

that departure from the standard of care, one doctor put votes to settle, and, since the hospital was also involved, combined sum of \$15 million was offered. Plaintiffs turned down flat.

"I wanted to help the doctors who'd been involved in mother's care during her hospitalization, but the attorney told the plaintiff baby's parents would violate the mother's HIPAA-patient confidentiality. That privilege would terminate automatically when her me-

The winning firm's four founders at Cleveland's 8th District Court of Appeals (from left) Jerome S. Kalut, Aaron Jacobson, James M. [unclear], and Robert Maynard

records were introduced at the trial end of the plaintiff's case. Meanwhile, I was in the no position to having to tell the jury that I had been told that the records had been destroyed.

Furthermore, the plaintiffs received their release on a Friday afternoon, giving JMT&K the time for a weekend rally. "The

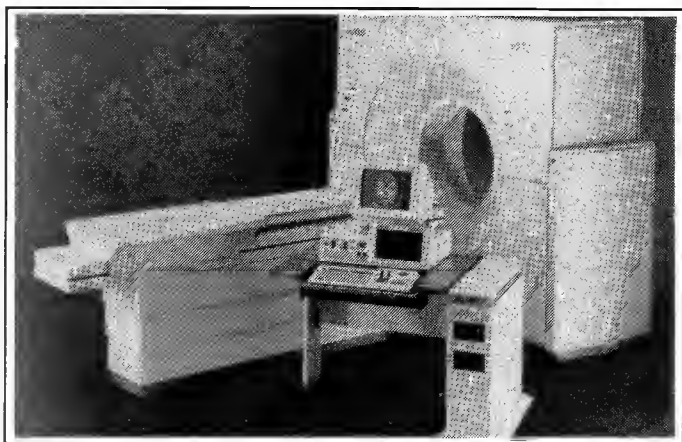
minutes later," says Kasper, "I was in the hospital pathologic office with an order permitting me to view the mother's placental slides." Meconium staining had been charted, and Kasper had a hunch that fetal distress had begun long before the

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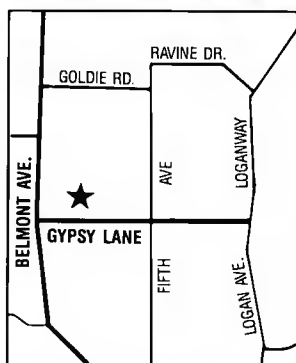
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Healthcare Reform: Fatalism and Resolve

President Clinton's Task Force on National Health Care Reform, headed by Mrs. Clinton, is expected to have its health plan ready to submit to Congress by the end of May. Predictions are that the plan will involve an overall national health spending cap combined somehow with *managed competition*. Universal coverage is a given and would involve managed care networks and employer mandates.

As physicians, employers and taxpayers, I think most of us have expected a major overhaul of the health care system sooner or later. The health insurance premiums covering the physicians and clerical workers in my group are now four times the 1988 price. We are seeing more and more patients whose insurance benefits were canceled by their employer or whose managed care system folded. I seem to have more difficulty referring Medicaid patients to other doctors for concurrent care. I also find it very disturbing to read that the overwhelming majority of government health care dollars is spent during the last few months of patients' lives while large percentages of children are not even receiving vaccinations, the most basic level of preventative care. At the state level, this situation is not only pushing aside basic health care for children but is cutting deeply into spending for public school education as well.

Obviously, our reimbursement rates will go down considerably - but that has been happening all along for most of us with Medicare and most commercial insurers. In fact, next up on our payment reduction schedule is Community Mutual BC/BS's plan, in March, to cut all reimbursement rates down to its lowest PPO fee allowances. Cutting physician reimbursement is the easiest thing for politicians to do to

pretend they are solving the health care crisis. As long as re-election is their first priority, it is probably not very realistic to expect them to solve complex underlying problems when all the solutions seem to be so politically volatile. For example, the national health spending cap promoted by Clinton's plan would have to involve some measure of rationing in order to have any real budgetary meaning. People in this country have always preferred rationing of health care to be based on economic means - the marketplace. Even if some measure of budgetary rationing was devised, the particulars should depend somewhat on a patient's individual physician rather than a government official. But this would require an overhaul of the malpractice laws, and given the powerful trial lawyers' lobby, it is probably unrealistic to expect much courage from politicians on this subject. Cutting hospital and nursing home payments is not politically popular with the public; it is too easy for people to see themselves or their families in a low-budget institution with inadequate care levels. In fact—other than cutting physician payments—it is hard to think of any aspect on the table of health care reform that is not either political suicide or protected by a powerful special interest group.

Politically, it is safer to make more drastic cuts in physician reimbursement than in any other areas. Although, as a group, physicians donate more time to indigent care than any other professionals I can think of, it would be hard to claim that we are economically needy as a result. Any efforts expended by us on this subject is just passed off as self-interest—something which seems incompatible when, unlike most other professionals, our services are viewed as a necessity—not a privilege. We

"...unlike most other professionals, our services are viewed as a necessity—not a privilege."



Eric W. Svenson, MD

seem to be fairly helpless in this matter. What can we do about it anyway? The worst we could threaten is to start living our lives like normal people with 40-hour work weeks, a decent family life and yearly vacations. Even that is not likely with most of our patient loads.

I think a certain fatalism is probably the only practical attitude to take toward physician payment cuts. However, as difficult as income reduction may be for some of us, it is probably the least of our worries. It seems managed care will be the largest factor in health reform, and if my own past experience with some of the managed care outfits is any indication, I think our biggest nightmare will be increased paperwork and attempts to weaken current standards of medical care. Because our specialty is in the cancer field, my group participates with almost every type of insurance plan in the area to ensure patient access. Several managed care companies in the area are wonderful to work with and offer excellent concurrent care for the patients we share and have, always processed claims accurately and in timely manner. The discounts given to these companies are well worth working with them. However, I don't see how these ethically managed companies can financially compete rate-wise for long with some of the other managed care outfits that are gaining ground in the area who use every trick in the book to duck their payment obligations. With one group in particular, I thought that the hardest thing to swallow would be their Medicaid type fee schedule, but that drawback soon became insignificant. As participating providers, and now as nonparticipating providers my group has seen a total of 17 patients from this company. Payment was made either to us or the patient in only seven instances.

Each time, even though no ambiguity existed regarding treatment necessity, my office has spent between one and two hours getting permission for treatment, and in each case, permission was eventually granted. The explanation given was that although treatment permission was granted, payment was not guaranteed if all paper work was not completed prior to treatment. Either the referring doctors - members of the company's own panel of participating physicians - or the patient had not completed some item of paper work, situations we had no control over. Since of course, it is the patient who is assigned the ultimate responsibility for making sure all of these paper work requirements are met all along the physician referral chain, the patient is left exposed to the unpaid bills. For all practical purposes, there is no better way to devise a system to duck payment than putting a patient facing a health crisis in charge of complicated paper work. For the most recent case we handled with this company, my office found out from the company what other physician paper work was missing, obtained the necessary forms that were lacking from two prior physicians and hounded their offices until they completed and sent them in. Our hours of efforts were successful and payment was issued to the patient. But the patient used the money to pay other, more pressing, doctors bills that were placed in collection proceedings. Due to paper work omissions, his insurance had not covered them.

The only paper work concessions I have read about in connection with the health plan reform involves requiring a universal claim form. This is spoken about as if it is the major paper work problem we face. Since a universal claim form already

Continued on pg. 11

We Must Be Seen

Nineteen ninety-two was a landmark year for medicine in which we endured sweeping new changes in how we practice. First, we saw extensive changes in how we are reimbursed for our services with the implementation of RBRVS and all the new CPT codes. (We bit off a double chunk in my office—we decided to computerize at the same time!) Next, for the first time, we as physicians had to deal in a day to day fashion with OSHA, largely out of concern for AIDS and HBV. Later in the year, CLIA-88 was implemented with more regulations and changes. And finally, as a parting shot from the Ohio legislature, HB 478 was passed, virtually mandating Medicare assignment.

Now 1993 has arrived with a new administration in Washington. A new President has, in his inaugural address, enumerated spiralling health care costs as one of the detractors to the achievement of "The American Dream." Admittedly, in a "feel good" speech that was painted with as broad a brush as President Clinton's inaugural address, you can derive almost any message you would like to hear. He sounded a realistic note when he told us as Americans that self-sacrifice would be necessary to return America to greatness. I felt he was particularly speaking to the issue of health care when he commented, "We can no longer expect something for nothing."

In 1992, we as physicians had to sacrifice financially and also experienced a sense of lost independence. As the most visible members of the health care team, I believe most Americans believe we are largely responsible for spiralling health care costs. To some extent this has been true, but, as HB 478 shows, we have been effectively forced to sacrifice as far as how we interact with our Medicare patients.

I believe we as physicians know that the high cost of health care comes from many quarters, and I believe we remain our own best advocates. I feel in 1993 we need

to be visible and vocal on this particular subject. Otherwise, I believe we are going to be the continuing target of insurance companies, health care reformers, and legislatures whose ardent objective is to control health care costs without a full and thorough understanding of the issues.

The Mahoning County Medical Society had an opportunity to make an effective presence at the recent Health-O-Rama at the Southern Park Mall. The Council did some soul searching prior to deciding to participate this year. However, I believe we did not have any choice in this matter. If we did not participate, I believe this would have sent a message that we were uninvolved as leaders of the health care team and that our attitude was elitist in nature. I see far too many of my colleagues working long, hard hours to believe this to be the truth and to allow this opinion to be pervasive in the public's mind. Dr. Dan Handel and I co-chaired this event and recruited physicians for 2-hour blocks of time for all day Friday and Saturday. We teamed a specialist with a generalist for each of the 2-hour time slots.

Our goal was to maintain an open forum for peoples' concerns and medical questions. We also wanted to engage people in discussions of health care issues in the present political climate. This was an excellent opportunity to disseminate information and to dispell myths. Just by being present and participating, we sent a powerful message of involvement and community spirit. As our own ambassadors of good will, this message, spoken and unspoken, may have been our most effective tool to communicate that we have already been called upon to sacrifice and, perhaps, explain why you can't have something for nothing. □

"...I believe we are going to be the continuing target of insurance companies, health care reformers, and legislatures..."

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Q. When is The Greenbriar scheduled to open?

A. With the cooperation of the weather, the projected opening date of The Greenbriar is scheduled for the fall of 1992.

Q. Where is The Greenbriar located?

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Q. How can I be assured of quality care at The Greenbriar?

A. The Greenbriar is a part of Northwestern Service Corporation, a long-term care corporation with 23 years in the profession. Northwestern Service Corporation, also known as "Quality Care" centers, insists on the most highly motivated and best trained people in the industry.

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President's Message

Continued from pg. 7

exists and every insurance company except Medicaid accepts it in lieu of their own forms, it is probably unrealistic to expect much in-depth relief for the real paperwork nightmare - the pre-approval processes.

As for standards of care issues, managed care plans always phrase their involvement in the treatment decision process in terms of "fulfilling their responsibility to the patient to make sure they are getting quality care." I have spent inordinate lengths of time on the telephone with many managed care plans, and I have never been asked about my credentials or the treatment facilities. The conversations have always centered on treatment necessities and possible shortcuts. Because of well-defined standards of care in my specialty, I have managed to prevail on these issues so far, but as some of these companies gain muscle, I don't expect that to continue. I have colleagues in California whose reimbursement under the Kaiser-Permanente program is tied to giving what would be standard 25 or 30-day dose deliveries in only 15 days. As can be expected, time off for side effects and skin reactions often delay completion of the dose delivery for weeks at a time, and tumor response is compromised.

Although things seem pretty hopeless for physician reimbursement and paperwork requirements, ensuring standards of care for our patients is the one area where physicians absolutely must prevail. Among all the players in the health reform agenda, physicians are the only ones who are qualified to make those determinations. Regardless of all other factors of health care reform, if we are not happy with the standards of care we are able to deliver, it will ruin our lives as physicians. Also this is the single, most important issue that will determine whether health care reform in this country is successful or lapses into chaos.

Given the short time period involved - 100 days - the OMPAC and AMPAC lobbying groups are the most effective tools at our disposal in the health care debate, and we must make sure they have enough financial backing to get our standard of care concerns heard above all the other powerful interest groups involved in the health care debate. I don't like the idea of special interest lobbies running the government any better than the next person, but until that particular problem is addressed, we need to support OMPAC and AMPAC now more than ever. If you are not already supporting these groups, please consider contacting the Medical Society office for information to do so. □

Ohio State University CME

The Ohio State University Center for Continuing Medical Education Conferences.

April 23-24: "Obstetric and Gynecologic Ultrasound in Clinical Practice: Reflections and Resolutions."

May 21-22: "Geriatrics Clinical Update: 1993 — Striving For Independence: Restoring Function in the Elderly."

For more information, contact Sandi Latimer, University Hospitals Communications, 614-293-3737.

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Medical Artifacts at NEOUCOM

The year is 1900. You're sitting on an examining table in your doctor's office anxiously awaiting his entrance. While looking around the immaculate, alcohol-scented room, you notice the usual - a blood pressure cuff, a scale, and ... an electrogalvanic medical belt? Hmm.

Times have certainly changed since the year 1900, and although you wouldn't find such a belt in a physician's office today, you can find it in the Northeastern Ohio Universities College of Medicine (NEOUCOM) Oliver Ocasek Regional Medical Information Center.

You can also find an iron lung, a civil war amputation set and other equipment from medicine's past. They are all part of the medical artifacts collection at NEOUCOM, which includes approximately 350 items.

Currently, the medical artifacts at NEOUCOM are being catalogued and entered into OCLC (Online Computer Library Center), a national database, by Jennifer Compton for the Dittrick Museum of Medical History in Cleveland (the historical division of the Cleveland Health Sciences Library). The Dittrick Museum is headquarters for a grant of nearly \$143,000 to catalogue medical artifacts in the seven academic health sciences libraries in Ohio (the Ohio Network of Medical History Collections).

The two-year grant, from the National Library of Medicine to the Cleveland Medical Library Association, involves members of the Ohio Network of Medical History Collections—essentially, every medical school library in Ohio.

The network is comprised of NEOUCOM, the Cleveland Health Sciences Library, the Fordham Health Sciences Library of Wright State University, the Raymon H. Mulford Library of the Medical College of Ohio, the John A. Pryor Health

Sciences Library at Ohio State University, the Medical Heritage Center at the University of Cincinnati, and the History of Osteopathic Medicine Museum and the Health Sciences Library at Ohio University.

The project, headed by Patsy Gerstner, Ph.D., chief curator, Historical Division of the Cleveland Health Sciences Library, and MaryAnn Hoffman, head of special collections and archives, Fordham Health Sciences Library, Wright State University, represents the first large-scale effort in the United States to catalogue museum objects using library systems.

"It is very unusual for a museum to electronically catalogue artifacts and make the information available on a nationwide network," said G. Thomas Osterfield, archivist, NEOUCOM. "Museums ordinarily catalogue objects with paper records or with internal computer systems."

Cataloguing artifacts in this manner means that anyone in the country who has access to OCLC can look up the artifacts, find out information about the object from the record and learn in what collections a particular object may be found.

"The primary goal and purpose of the project is to allow access of such artifacts to researchers and to call greater attention to the availability of artifacts as a resource for research. When the project is finished, it will also be beneficial to teachers in the community and affiliated hospitals (for displays, for example)," said Osterfield.

Compton, who is currently working on her master's degree in library science at Kent State University, said the process is not a simple one; it involves researching the object and its respective time period, identifying the piece and electronically cataloguing it into the database. According to Compton, one of the most difficult tasks has been to establish standards for cataloguing artifacts, including a standardized

terminology for medical artifact description. She also stresses the fact that extensive research goes into the process.

"We have graduate students at Dittrick that thoroughly research the time period we are interested in for each particular medical artifact. This helps to accurately identify objects and also serves to place them in an overall historical perspective," Compton said. "It's amazing how much history I've learned through working on this project. It is very interesting to learn about the time period of each piece as well as the medical history behind it.

"One of the most interesting pieces that I've seen so far at the Dittrick Museum are six Chinese medicine dolls from the seventeenth century. At that time (and even possibly up until World War II or beyond), Chinese women could not be in the same room with their doctors, let alone remove clothing for a physical exam. Instead, a medicine doll, which is made of carved ivory, jade, rosewood or amber, was used to point out where a woman was having a medical problem, and the doll would then be passed on to the doctor instead of the woman actually undergoing a physical exam," said Compton.

"Ancient Chinese medicine dolls, amputation sets from the Civil War and the iron lung are representative of the close to 100,000 artifacts in the combined collections that give clues and insight into the rich history of medicine," commented Compton.

Additional focus on the history of medicine is provided through NEOUCOM's Theodore Shepard Medical History Society.

The society, named for Theodore Shepard, the physician who accompanied the first surveyors of northeastern Ohio, promotes interest in the history of medicine.

The society sponsors lectures at NEOUCOM and affiliated institutions, assists in the development of the historical dimension in the College's curriculum, identifies items of interest which might be added to the College's exhibit and special collections, and encourages gifts of items, books, and funds for the support of collections.

Membership is open to any interested individual. For further information, contact G. Thomas Osterfield, NEOUCOM, at (216) 3252511, ext. 531.

By Amy Stebbins

Editor's Note: Amy Stebbins worked as a student intern in the Office of Communications.

MAHONING COUNTY MEDICAL ASSISTANTS

MCMA met Tuesday, February 2, 1993, at The Yankee Kitchen. Featured speaker was Lynn Mikolich, MD, whose topic was "Physiotherapy Evaluation." For additional information regarding the group, please call 542-2454.

The following applications for membership were approved by Council:

Active:

Ronald F. Scott, MD

First Year in Practice:

George G. Ellis, Jr., MD

Jung M. Kim, MD

Thomas J. Traikoff, DO

Information pertinent to the applicants should be sent to the Board of Censors by March 15, 1993.

MCMS Holds December Meeting

MCMS held its Annual Meeting on Tuesday, December 15, 1993, at the Youngstown Club. The membership elected new officers and presented its annual Distinguished Physician of the Year Award. Special guests in attendance were Dr. Robert Reed, sixth district councilor from OSMA, and his spouse, Dr. Sally Reed. Dr. Robert Reed is past president of the Stark County Medical Society. He gave an update from OSMA. In the absence of President Jane Butterworth, President-Elect Dr. Eric Svenson conducted the business meeting.

The membership approved emeritus membership for Drs. George Dietz and Marshall Lowry.

Dr. James Lambert, chairman of the bylaws committee, noted that the members had received copies of the revised bylaws for their review. The revised bylaws will be voted upon at the January 1993 meeting.

As chairman of the nominating committee, Dr. Lambert conducted the election of officers. The following candidates were elected: President-Elect, Dr. Chester Amedia; Treasurer, Dr. Norton German; and 1998 Delegate, Dr. Lloyd Slusher. Three alternate delegates were elected: Drs. Jane Butterworth, Dan Handel, and Kevin Nash. Eight Council members-at-large took office: Drs. Thomas Albani, Thomas Boniface, Jenifer Lloyd, Richard Marina, Anthony Mehle, Jeffrey Resch, Milo Warner, and Lyn Yakubov. Two foundation trustees took office: Drs. Rashid Abdu and C. Conner White.

As in the past, our Society acknowledged recipients of the OSMA 50 Years In Medicine Award. This year, the recipients were unable to attend. Members to receive awards were Drs. Lester Gregg, Sidney Keyes, Robert Kiskaddon, and Samuel Zlotnik. Dr. Edward Thomas was honored posthumously.

The Society continued a tradition established in 1978 with the presentation of the 1992 Distinguished Physician of the Year Award. This award was initiated to honor Society members who have distinguished themselves in all walks of life. The Society chose highly respected plastic surgeon Dr. George H. Dietz as this year's recipient.

Drs. Subbarayud Cuddapah and Robert Gilliland remarked on Dr. Dietz's merits and accomplishments during his lengthy medical career. Dr. Svenson then presented Dr. Dietz with an inscribed plaque.

The young physicians committee announced it will host another one-hour TV special on WYTV. "Health Matters Live Line" will air on January 19 at 8 p.m. The young physicians will continue to participate in the "Mahoning Valley Health Network" on Niles radio station WNCD.

The Society will hold its next meeting on Tuesday, January 20, 1993, at the Youngstown Club. New officers will be installed.

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Dr. George H. Dietz Receives Distinguished Physician Award

The Mahoning County Medical Society recently chose noted plastic surgeon Dr. George H. Dietz as the Society's 1992 recipient for the Distinguished Physician of the Year Award. Dr. Dietz received the award at the Society's December meeting.

Practicing in Youngstown, Dr. Dietz has had an outstanding medical career spanning more than three decades. He is an internationally recognized surgical innovator and educator in the field of breast surgery. He has made significant contributions in the areas of breast augmentation, reduction mammoplasty, and breast reconstruction.

Dr. Dietz has had several articles published in highly regarded surgical journals. He has also made presentations before national and international groups of his peers, including the Thirty-Third World Congress of Surgery in Toronto, Canada, in 1989.

Dr. Dietz was born in New York City and received his medical education there. He received a B.S. degree from Manhattan College in 1950. He obtained his medical degree four years later from State University of New York College of Medicine. He served a one-year internship followed by a two-year residency in general surgery at Cornell Medical Center. In 1959, he began serving a residency in plastic surgery at the Bronx Veterans Administration hospital. He completed the second year of that residency at Cornell Medical Center. Throughout his medical education, Dr. Dietz distinguished himself academically, winning several scholarships and awards.

Dr. Dietz interrupted his medical education in 1955 to serve as a lieutenant in the U.S. Navy. He served as a general medical officer aboard a troop transport for two years. After his stint on active duty, Dr. Dietz served in the naval reserves until 1966 when he received an honorable dis-

charge.

Dr. Dietz came to Youngstown in 1962 and began his practice in plastic and reconstructive surgery. He enjoys staff privileges at all the area's major medical facilities. Since 1978, the highly respected educator has been an associate professor at NEOUCOM. After serving the Youngstown community for more than 30 years, Dr. Dietz retired this February.

Dr. Dietz is a member of numerous professional organizations. Most notably, he is a founding member of the International Society of Clinical Plastic Surgeons, where he served on the Board of Governors for five years. He is a Fellow of the American College of Surgeons and a member of the American Society of Plastic and Reconstructive Surgeons. He is a member of the Ohio State Medical Association and the American Medical Association.

Locally, Dr. Dietz has been a loyal and dedicated member of the Mahoning County Medical Society. He is a past president of the Society and a past member of Council.

Besides having a distinguished career, Dr. Dietz has led an active life in the Youngstown community. He is a member of Saint Dominic Roman Catholic Church. He is a member of the Butler Institute of American Art, the National Trust for Historic Preservation, and the Ohio Historical Society.

Dr. Dietz resides in Boardman with his wife of 34 years, the former Caroline Irene Beard. The couple have seven adult children. They are Susan; George, Jr.; Peter; Andrew (a dentist); James (an attorney); Christopher (a paralegal); and Carolyn.

Dr. Dietz has been described by his colleagues as "conscientious, dedicated, altruistic, honest and loyal." He truly deserves our Society's highest honor. □



Dr. George H. Dietz

MCMS Holds January Meeting

MCMS installed new officers and members of Council at the Society meeting held Tuesday, January 19, 1993, at the Youngstown Club. Special guests attending the meeting were Auxiliary President Mrs. Rose Mary Memo and Auxiliary President-Elect Mrs. Donna Hayat. Dr. James Lambert, a past president of the Society, conducted the meeting in the absence of retiring President Dr. Jane Butterworth, who was recently hospitalized.

The membership held a moment of silence in remembrance of those members who had passed away last year: Drs. L. Blum, R. Foster, P. Krupko, J. Renner, F. Resch, E. Thomas, and C. Wagner.

Past presidents of the Society in attendance were acknowledged. They were Drs. R. Abdu, J. Anderson, G. Barton, C. Baumbblatt, B. Brucoli, D. Dallis, A. Detesco, R. Fisher, H. Holden, R. Jenkins, J. Lambert, R. Memo, J. Schreiber, H. Wang, and K. Wieneke.

The membership recognized Mrs. Anita Gestosani, a past president of the Auxiliary, and outgoing members of Council in attendance, Council Member-at-Large Dr. G. Baumbblatt and Treasurer Dr. D. Chung.

Also acknowledged were those outgoing members of council unable to be present: Alternate Delegate Dr. D. Dunch, Council Member-at-Large Dr. C. Molloy, and Foundation Trustees Drs. A. Geordan and V. Lepore.

The following committee reports were given. Dr. Dan Handel gave a report on legislation. Dr. Norton German gave a foundation committee report. Dr. Denise Bobovnyik reported for the young physicians committee, and Dr. Kevin Nash discussed Health-O-Rama.

Dr. James Lambert, chairman of the bylaws committee, conducted the vote on the revised bylaws. The revised bylaws were approved by the membership and will be sent to OSMA for final approval before taking effect.

Several presentations were made. Editor Dr. Chris Knight and *Bulletin* contributor Dr. Robert Fisher received bound volumes of the *Bulletin*. Historian Dr. John Melnick, who was unable to attend, will also receive a bound volume. Dr. Robert and Mrs. Mary Jane Jenkins received a bound volume and inlaid wood picture frames for their contributions as Society photographers. Mrs. Jeannine Lambert, also unable to attend, will receive a bound volume and a gift of crystal for her efforts as cover art contributor.

Past President Dr. James Anderson installed the following members:

Officers:

President	Dr. E. Svenson
President-Elect	Dr. C. Amedia
Secretary	Dr. D. Goldsmith
Treasurer	Dr. N. German

OSMA Delegates:

Dr. J. Anderson	Dr. L. Slusher
Dr. D. Bobovnyik	Dr. H. Wang
Dr. D. Handel	Dr. K. Wieneke

OSMA Alternate Delegates:

Dr. J. Butterworth	Dr. C. Knight
Dr. A. Garg	Dr. P. Lakhani
Dr. C. Kohli	Dr. L. Nash

Council Members-at-Large:

Dr. T. Albani	Dr. A. Qadri
Dr. J. Guju	Dr. J. Resch
Dr. J. Lloyd	Dr. M. Warner
Dr. R. Marina	Dr. L. Yakubov
Dr. A. Mehle	

Foundation Trustees:

Dr. R. Abdu	Dr. S. Kalavsky
Dr. N. German	Dr. B. Lim
Dr. J. Guju	Dr. C. White

Editor/Bulletin:

Dr. L. Nash

Director of Public Relations

Program Chairperson:

Dr. J. Resch

Following the installation, Dr. Lambert presented the president's gavel, made by Dr. James Anderson, to the new President Dr. Eric Svenson. Dr. Svenson then presented Dr. Lambert with the president's plaque, pin and bound *Bulletin*. Dr. Lambert accepted the gifts on behalf of retiring President Dr. Jane Butterworth.

Following the presentations, Dr. Lambert commented on Dr. Butterworth's impact as the Society's first woman president. He noted that she had garnered the support of the entire Council. She had encouraged more women to actively participate in the Society with the result that four women now serve on Council. Following his comments, the membership gave Dr. Butterworth a standing ovation.

Dr. Lambert also announced the current membership now stands at 353 active

members, 92 emeritus, 93 resident, and 17 non-resident members.

New President Dr. Svenson then announced that Council had regretfully accepted the resignation of Dr. Lambert from Council and from his post as a delegate. Dr. Svenson noted Dr. Lambert's many years of service on behalf of the Society. Dr. Lambert had served as president, treasurer, delegate, parliamentarian, and chairman of the bylaws committee. He was first elected to Council in 1977, and he was editor of the *Bulletin* in 1976. Dr. Lambert received a standing ovation from the membership.

Auxiliary President Rose Mary Memo updated the membership on Auxiliary affairs. Dr. Svenson then presented Mrs. Memo a \$1,000 check for the Auxiliary.

The membership voted to change the date of the March Society meeting from Tuesday, March 16, to Friday, March 26, 1993. The March meeting will be a joint Society and Auxiliary dinner meeting and will be held at Antone's Banquet Centre on March 26. □

OSMA Workers' Comp Program Saves \$2.5 Million

OSMA's Workers' Compensation group Rating Program will save 4,000 OSMA members a combined \$2.5 million in their annual Workers' compensation premiums in 1993-1994, the second year of this valuable OSMA membership service.

This represents a 33.3 percent increase over the number of physicians who enrolled in the first year of the program. Three-thousand OSMA physicians saved \$1.5 million in Workers' Compensation premiums last year.

The application process for the third year of the program will begin next month. Watch next month's *OHIO Medicine* for an enrollment form and more information about how to sign up.

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March 26, 1993

Society/Auxiliary Dinner Meeting

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For Reservations

Dr. Eric Svenson Installed as Society President

Dr. Eric Svenson was recently installed as president of the Mahoning County Medical Society. Dr. Svenson is currently the director of radiation oncology at several area hospitals, including Southside Medical Center, Trumbull Memorial Hospital, and Sharon General Hospital.

The multi-lingual physician brings an international perspective to his leadership role in the Mahoning County medical community. Dr. Svenson was born in Westphalia, Germany, in 1949. He became a U.S. citizen 16 years later in Cincinnati, Ohio. In addition to English, Dr. Svenson is fluent in German, French, Spanish, and Portuguese.

Dr. Svenson won numerous awards and honors while pursuing his medical degree in the United States. He graduated magna cum laude with a bachelor's degree in physics from Duke University in 1971. Four years later, he earned his medical degree from the University of Florida College of Medicine. He served an internship at Roanoke Memorial Hospital in Virginia and continued his postgraduate training at the University of Texas Cancer Center in Houston, Texas.

In 1979, Dr. Svenson was certified in therapeutic radiology by the American Board of Radiology. Over the following years, Dr. Svenson secured licensure in eight states.

Before coming to the Youngstown area, Dr. Svenson practiced as a radiation oncologist in Florida and Texas. The last post he held in Texas was medical director of radiation oncology at the Allison Cancer Center in Midland, Texas.

Dr. Svenson has been an avid medical educator throughout his career. He has presented papers on cancer treatment in forums of his peers and has subsequently



had his collected papers published in clinical research volumes. Dr. Svenson is currently a clinical assistant professor of radiology at NEOUCOM.

Dr. Svenson maintains numerous professional affiliations, including memberships in the American Society of Clinical Oncology, the American College of Radiology, and the Radiological Society of North America. He is an active and dedicated member of the American Medical Association and the Ohio State Medical Association.

Dr. Svenson's numerous career responsibilities have not deterred his community involvement. In Midland, Texas, he served on the board of the American Cancer Society. He served in the same capacity for the Make Today Count, Permian Chapter.

Dr. Svenson resides in Boardman with his wife Marcella and their two-year-old daughter, Elena.

The Society is fortunate to have a physician of Dr. Svenson's caliber and diverse background to assume the primary leadership role for the Society in the critical years ahead for medicine. Dr. Svenson is more than qualified to meet the challenges his new office will bring.



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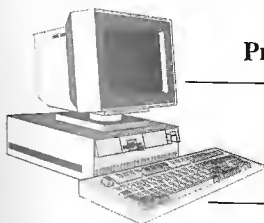
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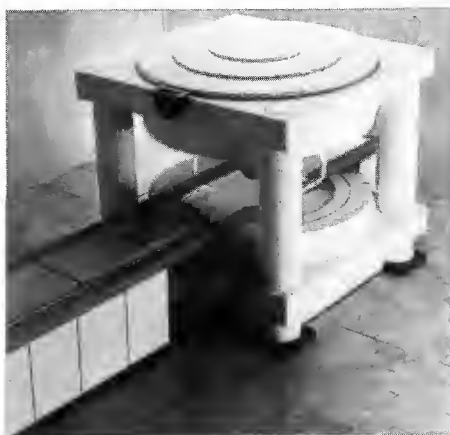
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**John G. Guju, MD
1924 - 1993**

Respected obstetrician and gynecologist Dr. John G. Guju passed away on Sunday, January 31, 1993. Dr. Guju had practiced in Youngstown for almost 40 years. As an obstetrician, Dr. Guju treated many physicians or their spouses as patients. He is best described by his colleagues as a *gentle* man, a quiet man who always spoke well of others.

A Youngstown native, Dr. Guju was born June 13, 1924. He graduated from the Rayen School and later earned his bachelor's degree at Youngstown State University in 1944. In 1947, he received his medical degree from Marquette University School of Medicine.

After graduation, Dr. Guju returned to Youngstown, where he completed his internship at Youngstown Hospital Association. He then completed residencies at Cleveland Metropolitan Hospital, University Hospitals of Cleveland, and Case-Western Reserve Institute of Pathology.

After receiving his medical training, Dr. Guju served as a captain in the U.S. Air Force.

He began his private practice in Youngstown in 1955. The well-regarded obstetrician and gynecologist was an active staff member of the Youngstown Hospital Association and the Florence Crittenton Home. He also enjoyed courtesy staff privileges at St. Elizabeth Hospital Medical Center.

An active community leader in the health arena, Dr. Guju held many offices over the years. He served as chief of obstetrics and gynecology at YHA, medical director of the Planned Parenthood Clinic, and director of the Ohio Division of the American Association for Maternal and Child Health. Dr. Guju was also an assistant professor at NEOUCOM and a past president of the local Medical Dental Bureau.

He was an active member of many professional associations, including the American College of Surgeons, the American College of Obstetrics and Gynecology, the American Medical Association and the Ohio State Medical Association.

Locally, Dr. Guju was a loyal and dedicated member of our Society. He was a longtime member of Council and a member and past chairman of the foundation trustees.

Dr. Guju was a faithful member of Rotary International and Trinity Methodist Church.

He is survived by his wife, the former Margaret Ann Poole; a son, John H. Guju; and two daughters, Mrs. Nancy Collins and Mrs. Paul Pope.

Dr. Guju's passing will leave a void in our Society and in our community.

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 Terry Blessing
 Marjorie Bosley
 Vanessa Bowman
 Stoney Bowser
 Amy Brode
 Nancy Brode
 Hyland Burton Jr.
 Cheryl Campolito
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 Donald Foley Sr.
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 Jack Metzger
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At A Glance...



Dr. George and Carolyn Dietz and family



Auxiliary Mother Daughter Brunch



Dr. James Anderson



Drs. Eric Svenson, James Lambert



Dr. Eric Svenson, Rose Mary Memo, Donna Hayat



1993 Council



Sixth District Councilor Dr. Robert Reed



Marcelle and Dr. Eric Svenson



*Drs. James Lamber, Robert Jenkins,
Mary Jane Jenkins*



Drs. Y.T. Chiu, G. Dietz, S. Cuddapah

Legislative Update on National and State Health Care Reform Issues

Universal coverage, managed care, and global budget! These are the new medical terms of the 1990s. These terms may not be found in any current medical textbook, but they are certainly being bandied about by numerous groups. Politicians, economists, business executives, labor union leaders, AARP, and various other interest groups are learning to deal with these terms on a day to day basis. Physicians and other health care providers need to understand the definition of these medical terms to properly prepare for the health care reform debate which is taking place.

Currently in the United States, health care costs over 800 billion a year and is growing at the rate at 10 percent annually. According to the congressional budget office (CBO), health spending during the 1990s will jump 18 percent to 30 percent of the federal outlays excluding interest. Health expenditures in 1992 were 14 percent of the gross national product up from 9.1 percent in 1980. There has been an increase of 1 percent every thirty-five months in terms of health care expenditures. The average health expenditures in the industrialized countries is under 8 percent and growing slowly. The congressional budget office projects health care's share of the GNP in the United States will be 18 percent by the decades end. With these figures as stated, it is no wonder that business, government, labor, and the retired elderly want to see some form of control costs on health care dollars.

Mrs. Clinton heads a health care reform task force and is expected to present her recommendations to the President and Congress by May 1, 1993. It is expected that the recommendations will include universal coverage under a managed competition format. It is also anticipated that a global

budget will be recommended. It is the feeling that the Ohio State Legislature will await the findings of the health care reform commission before instituting its own proposals.

It is interesting to note that Representative Robert Hagan, who has been a strong advocate of a Canadian health care system, has aligned himself more with the provisions that are expected to be found in the reform package brought to the President and Congress by Mrs. Clinton. Mr. Hagan's new proposal which is called Ohio Health Security Act of 1993 was introduced on February 10. His plan would divide Ohio into three regions roughly equal in population. In each region, a health insurance purchasing cooperative (HIPC) would be established. Each HIPC would have the responsibility of negotiating contracts on behalf of large pools of subscribers with the provider "qualified plans," such providers could be BMOs, or PPOs. The plans would offer a comprehensive standard benefits package to all Ohioans within the region. The HIPC would also be responsible for insuring that at least one freedom of choice of provider plan be available in all areas of the region, urban and rural. Once yearly the HIPC would offer an open enrollment period where each person in the region would be free to choose the plan that would best serve his or her need. No person would be refused enrollment or services on the basis of a pre-existing condition, race, income, national origin, religion, sex, sexual orientation, disabling condition, or health status.

The cost would be contained by a statewide board that would be responsible for setting an annual global health care budget for provision of benefits included in the comprehensive standard benefits package. This board would have the power to set the

premiums, establish standards for quality assurance, and regulate the introduction of new technologies. The board would also oversee and fund the regional HPCs. Eligibility will be based on residence and not on employment. Representative Hagan also stated that there would be malpractice reform which would balance the consumers right to relief if they are mistreated with the need to curb large settlements and cut back on *defensive medicine* practices. The only out-of-pocket cost to consumers would be a twenty-five dollar copay for a visit to a specialist if the patient is not referred by a primary care physician and a twenty-five dollar copay for unnecessary emergency room services.

Cosponsors for this amendment include our local Representatives Ron Gerberry and June Lucas. This legislation is supported by the Ohio Education Association, The National Association of Social Workers, and the American Association of Retired Persons. It is my belief that the labor movement and certain business groups will be in favor of such legislation.

The Ohio State Medical Association is taking a leadership position with reference to health care reform issues. It is establishing a commission to review health care reform in the state of Ohio and to bring forth a proposal for such reform. This commission will be made up of fourteen to sixteen physicians. There will be a good cross section between primary care physicians and various specialists. All regions of the state will be represented. It will be the job of these individuals to bring forth within the next six months a health care reform proposal. It is anticipated that the members of this commission will spend at least one and, more likely, two days a month in Columbus to help articulate the physician's perspective on health care reform.

Physicians cannot sit back and allow

events to take place without their input. Too often, one hears physicians moaning and groaning about the inability of the OSMA or AMA to effectively represent them. In many instances, these physicians are not even members of these organizations. I believe their criticisms are not valid. I think many times the AMA or the OSMA are not given enough credit for their efforts.

During the past year, I have served on the legislative committee for the Ohio State Medical Association. I have become aware that the various specialties in medicine have their own lobbyists. These lobbyists attend the legislative committee meeting. They do not take an active part in the meeting but are there to listen to the agenda. It becomes increasingly clear to me that many groups are out to "cut their own deal." This seems to play into the divide and conquer philosophy which always works. Is it possible that physicians have forgotten their mission? Patient care is our mission. The preservation of our profession is our mission. Our profession will be preserved if we maintain the patient's best interest as our priority.

It is my belief that the best way to effectively speak on behalf of our patients and our profession is through a united voice. I encourage members to become active participants in the Ohio State Medical Association and the American Medical Association. Collectively, organized medicine can be an effective, vital force in the restructuring of health care reform in this country.

In a recent survey, patients stated that their personal health care decisions should be left in the hands of their physician and not arbitrated by the federal government or some other agency. Physicians still have enormous power to help shape health care reform. Let us not lose sight of that fact but use it to the advantage of our patients and our profession.

Daniel W. Handel, M.D.

New Members



Mark D. Fildes, MD

Cardiology

Office: 7655 Market St. #2750

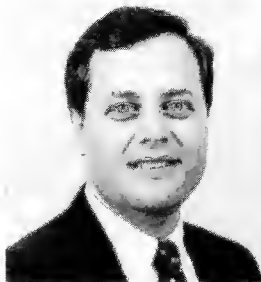
Phone: 758-7703

MED. ED: St. Louis Univ. School of Medicine, St. Louis, MO

INTERN: Akron General Medical Center, Akron, OH

REDCY: Akron General Medical Center, Akron, OH

FELLOW: Henry Ford Hospital, Detroit, MI



John P. Gianetti, MD

Internal Medicine

Office: 1350 Fifth Ave., Suite 12

Phone: 744-0071

MED. ED: Northeastern Ohio Univ. College of Med., Rootstown, OH

INTERN: Western Reserve Care System, Youngstown, OH

REDCY: Western Reserve Care System, Youngstown, OH



Jeffrey D. Resch, DO

Internal Medicine

Office: 5437 Mahoning Avenue

Phone: 799-3272

MED. ED: Kansas City Coll. of Osteop. Med., Kansas City, MO

INTERN: Western Reserve Care System, Youngstown, OH

REDCY: Western Reserve Care System, Youngstown, OH



Lawrence I. Schmetterer, MD

Cardiovascular, Vascular Surgery

Office: 6505 Market Street, Bldg. A-204

Phone: 726-0777

MED. ED: Univ. of Illinois Col. of Med., Chicago, IL

INTERN: Univ. of Illinois Col. of Med., Chicago, IL

REDCY: Univ. of Illinois Col. of Med., Chicago, IL

FELLOW: Hospital of Good Samaritan, Los Angeles, CA

FELLOW: National Heart, Lung and Blood Inst., Bethesda, MD



Ann McPherran Stover, MD

Family Practice

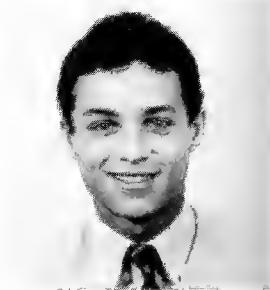
Office: 1053 Belmont Avenue

Phone: 744-2149

MED. ED: Oral Roberts Univ. School of Med., Tulsa, OK

INTERN: St. Elizabeth Hospital Medical Center, Youngstown, OH

REDCY: St. Elizabeth Hospital Medical Center, Youngstown, OH



Luis E. Villaplana, MD

Internal Medicine

Office: 755-Boardman-Carfield Rd., #N-1

Phone: 758-1411

MED. ED: Ponce School of Medicine, Ponce, PR

INTERN: Western Reserve Care System, Youngstown, OH

REDCY: Western Reserve Care System, Youngstown, OH



David A. Watkins, MD

Infectious Disease

Office: 452 Broadway #2

Phone: 744-4369

MED. ED: NEUQCOM, Rootstown, OH

INTERN: Western Reserve Care System, Youngstown, OH

REDCY: Western Reserve Care System, Youngstown, OH

FELLOW: University Hosp. of Case Western Reserve, Cleveland, OH



Jose I. Yap, MD

Thoracic/Cardiovascular Surgery

Office: 540 Parmalee Ave., #300

Phone: 744-2118

MED. ED: San Marcos University, Lima, Peru

INTERN: Washington Hospital Center, Washington, DC

REDCY: St. Francis Hospital, Hartford, Conn.

REDCY: Cleveland Clinic, Cleveland, OH



Michael J. Cannone, DO

Family Practice

Office: 730 North Main Street, Hubbard

Phone: 534-1959

MED. ED: Kansas City College Osteop. Medicine, Kansas City, MO

INTERN: Youngstown Osteopathic Hospital



Antoine E. Chahine, MD

Hematology/Oncology
Office: 550 Parmalee Ave.
Phone: 744-2022
MED. ED: Amer. Univ. of Beirut, Beirut, Lebanon
INTERN: St. Elizabeth Hospital, Youngstown, OH
REDCY: St. Elizabeth Hospital, Youngstown, OH
FELLOW: University Hospitals of Cleveland, Cleveland, OH



Anthony F. Cutrona, MD

Internal Medicine/Infectious Diseases
Office: 345 Oakhill Avenue
Phone: 740-4240
MED. ED: Univ. of Salamanca, Salamanca, Spain
INTERN: St. Elizabeth Hospital, Youngstown, OH
REDCY: St. Elizabeth Hospital, Youngstown, OH
FELLOW: Cleveland Metro Hospital, Cleveland, OH



Prem L. Mehandru, MD

Pediatrics/Neonatology
Office: 1044 Belmont Ave.
Phone: 746-7211
MED. ED: Lady Hardinge Med. College, Delhi, India
INTERN: St. Luke Hospital, Cleveland, OH
REDCY: St. Luke Hospital, Cleveland, OH
FELLOW: Rainbow Babies and Childrens Hospital, Cleveland, OH



Dianne Bitonte Miladore, MD

Emergency Medicine
Office: 1335 Belmont Ave.
Phone: 747-2700
MED. ED: Northeastern Ohio Univ. College of Med., Rootstown, OH
INTERN: Western Reserve Care System, Youngstown, OH
REDCY: Western Reserve Care System, Youngstown, OH



Richard G. Nord, MD

Urology
Office: 1350 Fifth Ave., #326
Phone: 744-4256
MED. ED: Penna State Medical College, Hershey, PA
INTERN: Mercy Hospital, Pittsburgh, PA
REDCY: Mercy Hospital, Pittsburgh, PA
FELLOW: Thomas Jefferson Univ., Philadelphia, PA



Gary K. SeGall Ph.D., MD

Anatomic/Clinical Pathology
Office: 500 Gypsy Lane
Phone: 740-3124
MED. ED: Baylor College of Medicine, Houston, TX
INTERN: Baylor Affiliated Hospital, Houston, TX
REDCY: Baylor Affiliated Hospital, Houston, TX
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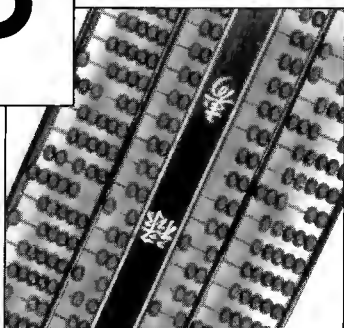
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Snow Crystals

Original Handmade Quilt, 90" x 108"

By the Heritage Quilters, 1992

Quilt is derived from the Latin *culcita*, meaning a stuffed sack. Not quite what we picture when we think of a quilt! Since the Bicentennial celebration in 1976, quilting has become popular again, only today's quilts are often created more for aesthetic than practical reasons.

One form of quilting, patchwork quilting, is uniquely American. It began in the Colonial days. Because of the scarcity of fabrics, patchwork quilts emerged as a brilliant art form, symbolizing the pioneer virtues of thrift, industry and ingenuity. Quilting originally meant the process of sewing the layers of a quilt together with thousands of tiny, delicate stitches. Now it refers to the entire process of making a quilt. With today's materials, imagination and versatility are the only limits. The challenge to manipulate color, harmony, and geometric form is always there.

Groups of quilters have formed all over the country. I would like to focus on one local group found in Howland, who call themselves the Heritage Quilters. Years ago, they got together to begin making baby quilts to help support their church. Over 560 baby quilts have been made and sold. The group was led by Harriet Free and her sister Genevieve Farnham.

In 1979, another quilter, June Karovic, suggested having a Quilt Fair as a fund raiser for the church. The public was invited to bring in quilts for display, and the Heritage Quilters themselves made a quilt to be raffled. June helped select patterns and fabrics, and she taught the group to make templates, mark and cut fabric, assemble blocks and bring a quilt to completion. Harriet and Genevieve did the actual quilting, or stitching. Genevieve liked to remind the quilters that "you've got to learn to be very precise when piecing, and to make a small, even stitch when quilting."

This past October was the 14th Annual Quilt Fair, held each year at the Howland Community Church in Warren, Ohio. This

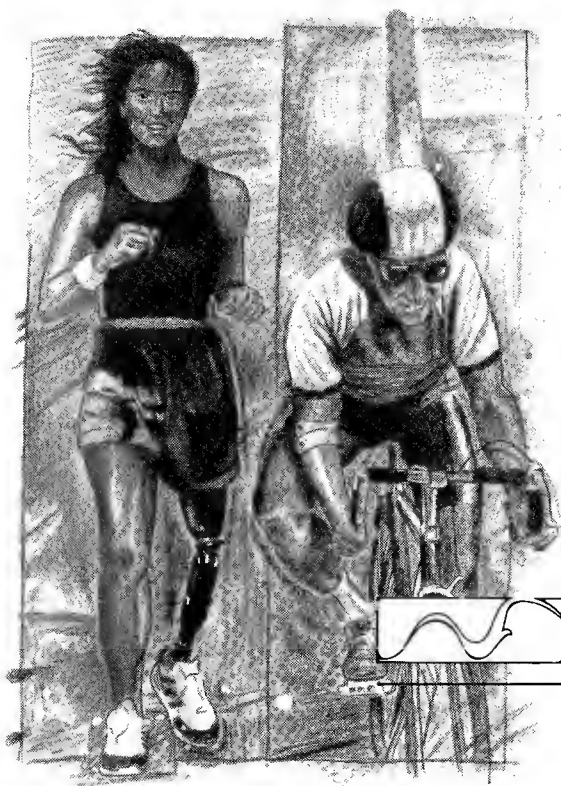
also marked the 14th quilt the Heritage Quilters have assembled for raffle. After selecting this year's theme of "Snow Crystals," the quilters selected red, blue, and beige fabrics of a nautical theme to commemorate the 500th Anniversary of Columbus' discovery of America. In the lower right block of the quilt, one special patch, "1492-1992 Discover America," was stitched. The winner of this year's raffled quilt went home with what one day will be a historical heirloom.

The Heritage Quilters who worked on *Snow Crystals* are Judi Riley, Genevieve Farnham, Laura Ritter (Genevieve's daughter), Mary Rose Farnham, Edna Campbell, Veldine Clark, Helen Schuster, Betty Stein, Marie Phillips, and Ruby Poper. It took these ladies six months to create *Snow Crystals*, and they used 600 yards of thread to complete it! One of their dearest members, Harriet Free, passed away this past June, and the 1992 Quilt Fair was dedicated to her memory.

Quilts are pages of history, leaving stories both political and personal. While these ladies stuck to a theme in this beautiful quilt, how much of who they are is included in all that piecing and stitching! An Ohio great-grandmother of Marguerite Ickis once said of her labors, "It took me more than 20 years, nearly 25, I reckon, in the evening after supper when the children were all put to bed. My whole life is in that quilt. It scares me sometimes when I look at it. All my joys and all my sorrows are stitched into those little pieces. When I was proud of the boys and when I was downright provoked and angry with them. When the girls annoyed me or when they gave me a warm feeling around my heart. And John too. He was stitched into that quilt, and all the 30 years we were married. Sometimes I loved him and sometimes I sat there hating him as I pieced the patches together. So they are all in that quilt, my hopes and fears, my joys and sorrows, my loves and hates. I tremble sometimes when I remember what that quilt knows about me."



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Auxiliary News

The Auxiliary ended 1992 with a joyous celebration. On Saturday, December 12, 1992, the Auxiliary held its first Mother-Daughter Brunch at Antone's Banquet Centre. Victorian dolls decorated each table, and the Canfield Bell Ringers performed for the morning program. The event was chaired by Mary Walton.

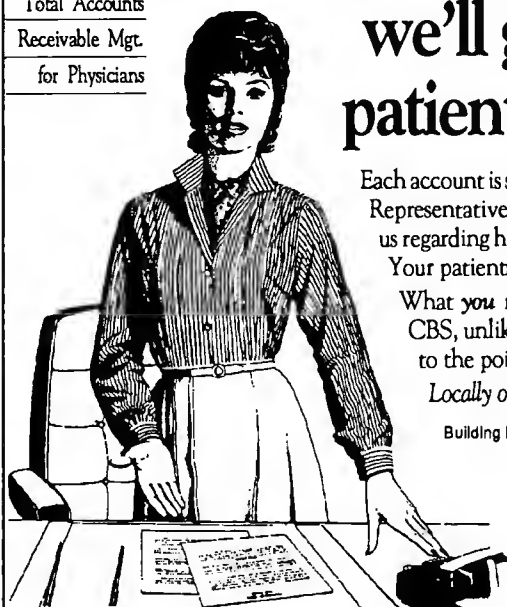
The Auxiliary began the new year with another successful program. The Auxiliary sponsored its second annual Health Day on Thursday, January 21, 1993, at the Poland United Methodist Church. The five-hour program included lunch and featured several guest speakers who spoke on wellness is-

ues. Featured speakers included dermatologist Dr. Jenifer Lloyd, who spoke on skin wellness, and Jeanne Patton, who discussed exercise. Dr. Gary Young spoke on women's cardiac health, and Rose Memo discussed stress reduction through humor.

The Auxiliary congratulates Auxilians Rose Memo and Dolly Handel who will be serving at the state level for the 1993-1994 year. Dolly Handel is serving as president-elect, and Rose Memo is serving as membership chairperson. Our Auxiliary is proud to have two well-qualified members serving in these positions. □

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60 Years Ago — Jan./Feb. 1933

It was the second year of the *Bulletin*, and President **J. Paul Harvey** wrote, "We cannot look forward to a year of great prosperity with poverty, unemployment and deflated credit everywhere about us..." Sound familiar? The physicians agreed to continue to treat their patients on any basis they could afford, but in the middle of the Great Depression, the times were grim, and there were no entitlement programs.

New members that month were **Henry Sisek**, **Walter Mermis** and **Peter J. McOwen**.

50 Years Ago — Jan./Feb. 1943

New president was **William H. Evans**; secretary was **George M. McKelvey**; and treasurer was **Saul Tamarkin**. **Claude B. Norris** was the new editor of the *Bulletin*. Since Bill Evans was on active duty in the Navy, President-Elect **Elmer Nagel** served as president. With all the doctors gone to the service, the *Bulletin* was in very great demand. All the men on active duty were writing home asking for the *Bulletin* to be sent to them so they could hear about what was going on at home, and each issue was full of letters sent by members on active duty.

Meanwhile, **Genevive Delfs** and Sam Ewing were married on January 23, at Genevive's parents home in Canfield.

40 Years Ago — Jan./Feb. 1953

Vernon Goodwin was the new president, with **J.D. Brown** as president-elect. **Gabe DeCicco** was secretary, and **A.K. Phillips** was treasurer. New editor was **Harold Reese**.

Ken Camp was elected president of the Academy of General Practice, with **H.E. McGregor** as president-elect and **Herman Ipp** as treasurer. A post-graduate course in endocrinology was announced.

New members were **Leon Bernstein**, **Kalman Kunun**, **David R. Brody**, **N.T. Martin**, **J.L. Craig** and **Carol Craig**.

30 Years Ago — Jan./Feb. 1963

The new president that year was **Asher**

Randall, with **Jack Schreiber** as president-elect. **C.E. Pichette** was secretary, and **George Cook** was treasurer. **George Altman** was the new editor.

There was much discussion about doctors becoming enrolled in the Old Age and Survivors Insurance Plan, later known as Social Security. Most of the members were not in favor of it.

New president of the local chapter of the Academy of General Practice was **Sidney Keyes**, with **Erhard Weltman** as president-elect.

New members in February were **Gust Boulis**, **Wilfred Dodgson**, **Nicholas J. Garritano**, **Philip B. Giber**, **Robert E. Hamlish**, **Maurice Oudiz**, **Richard K. Rohrer**, **Elias T. Saadi**, **Walter J. Weikenand**, **Skevos Servos**, **Frank G. Kocab**, **C. Conner White** and **Paul E. Longaker**.

20 Years Ago — Jan./Feb. 1973

President **C.E. Pichette** wrote a very prophetic message regarding the inevitable crisis over the control of the health care industry. "In the not too distant future, each of us in the United States (layman and professional) is going to have to make a decision as to whether a drastic change is necessary or desirable. Once that decision...is done, our progeny will be saddled with it for years to come." President-Elect was **John Melnick**; secretary was **George Dietz**; and treasurer was **Y.T. Chiu**. New editor was **William Moskalik**.

New members were **Richard Juvancic**, **Ramiro Albarran** and **Howard J. Reuben**.

10 Years Ago — Jan./Feb. 1983

The new president was **Paul J. Mahar, Jr.**, and vice-president was **Glenn J. Baumblatt** (no more president-elect). **H.M. Wang** was the new secretary, and **A.Z. Rabinowitz** was treasurer. Installation was to be January 18.

New members were **Valerie Gilchrist**, **Paul A. Dobson**, **Frank H. Krautter**, **D.E. Lagoutaris**, **Salpachai Siripong**, **James D. Enyeart**, **William P. Sutherland**, and **Sandra E. Willis**. □



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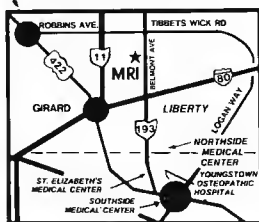
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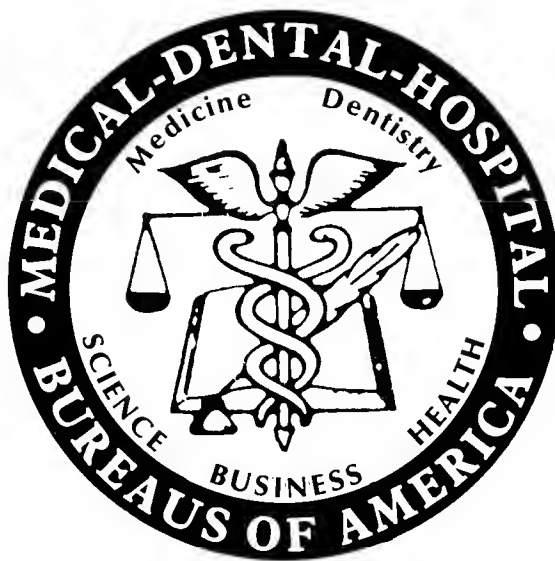
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